

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 588180

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7		①		1		
8	1		1			
9		1		1		
10	1		1			
11		3		1		
12		①		1		
13		①		1		
14		①		1		
15		①		1		
16		①		1		
17		①		1		
18		①		1		
19	1		1			
20		1		1		
21		2		1		
22		①		1		
23		①		1		
24		①		1		
25		①		1		
26		①		1		
27				1		
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TOTAL IND.	4	↓	6	↓		↓
TOTAL DEP.	26	←	26	←		←
TOTAL CLAIMS	30		32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						